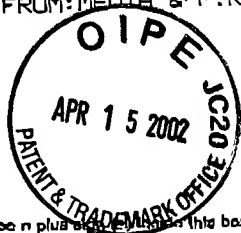


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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	NORT 100
	First Named Inventor	Christopher William Ogden
	COMPLETE IF KNOWN	
	Application Number	09 / 933,548
	Filing Date	August 20, 2001
	Group Art Unit	1645
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIAGNOSIS AND TREATMENT OF PROSTATE CANCER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

08/20/2001

as United States Application Number or PCT International

Application Number

09/933,548

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any Amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
9903841.6	GB	02/20/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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NORT 100

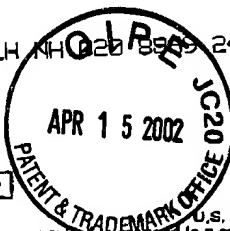
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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name Patrea L. Pabst; Holland & Knight LLP

Address: Suite 2000, One Atlantic Center

Address 1201 West Peachtree Street, N.E.

City Atlanta

State GA

ZIP 30309-3400

Country USA

Telephone (404) 817-8473

Fax (404) 817-8588

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Christopher William

Family Name or Surname Ogden

Inventor's Signature

Christopher William Ogden (SEC)

Date

14/3/02

Residence: City London

State

Country GB

Citizenship

GB

Mailing Address 19 Queensdale Drive Road

Mailing Address Holland Park

City London

State

ZIP W11 4SB

Country GB

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) James

Family Name or Surname Adshead

Inventor's Signature

James Adshead

Surrey

Date

18/3/02

Residence: City Old Amsterdam NEW

State Bucks

Country GB

Citizenship GB

Mailing Address Cowslip Cottage, 7 Bury Farm 8, Windsor Rd

Mailing Address New.

Surrey

TW9 2EL

City Old Amsterdam

State Bucks

ZIP HP7 0ST

Country GB

☒ Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DIAGNOSIS AND TREATMENT OF PROSTATE CANCER

Filed: August 20, 2001

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	----------------------------------------------------------------------------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Anna Maria		Kessling	
Inventor's Signature		Date 20/12/01	
Residence: City	State	Country	Citizenship
Rickmansworth	Herts	GB	GB
Mailing Address 110 Highfield Way			
Mailing Address			
City	State	ZIP	Country
Rickmansworth	Herts	WD3 2PH	GB
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bijan		Khoubehi	
Inventor's Signature		Date 20/03/02	
Residence: City	State	Country	Citizenship
London		GB	GB
Mailing Address c/o Imperial College School of Medicine (St. Mary's) 11, Warwick House			
Mailing Address Norfolk Place Windsor Way			
City	State	ZIP	Country
London	GB	W2 1PG	GB
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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NORT/P22469US

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/933,548
Filing Date	August 20, 2001
First Named Inventor	Christopher William Ogden
Title	Diagnosis and Treatment of Prostate Cancer
Group Art Unit	1645
Examiner Name	
Attorney Docket Number	NORT 100

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Patrea L. Pabst	31,284
Zhaoyang Li	46,872
Rivka D. Monheit	48,731

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Patrea L. Pabst; Holland & Knight LLP

Address

Suite 2000, One Atlantic Center

Address

1201 West Peachtree Street, N.E.

City

Atlanta

State

GA

Zip

30309-3400

Country

USA

Telephone

(404) 817-8473

Fax

(404) 817-8588

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

The North West London Hospitals NHS Trust of Northwick Park Hospital

Signature

E. J. Chapman

Date

20/12/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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STATEMENT UNDER 37 CFR 3.73(b)

Christopher William Ogden, James Adshead, Anna Maria Kessling,

Applicant/Patent Owner: and Bijan KhoubehiApplication No./Patent No.: 09/933,548 Filed/Issue Date: August 20, 2001Entitled: DIAGNOSIS AND TREATMENT OF PROSTATE CANCERThe North West London Hospitals NHS Trust
of Northwick Park Hospital

(Name of Assignee)

a Trust of the United Kingdom

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

X 20.12.01
Date

MRS E. JANE CHAPMAN

Typed or printed name

E Jane Chapman

Signature

Title

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ASSIGNMENT

THIS ASSIGNMENT is made the 26th day of March Two thousand and ~~one~~^{two}.

BETWEEN:-

- (1) Christopher William Ogden of 19 Queensdale Drive, London, W11 4SE, United Kingdom;

8 Windsor Rd New Surrey TW9 2EL
 James Adshad of Cowslip Cottage, 7 Bury Farm, Old Amersham, Buckinghamshire, HP7 0SJ, United Kingdom;

Anna Maria Kessling of 110 Highfield Way, Rickmansworth, Hertfordshire, WD3 2PH, United Kingdom; and

Bijan Khoubchi of Imperial College School of Medicine (St. Mary's), Norfolk Place, London, W2 1PG, United Kingdom,

11, Warwick House Windsor Way London W14 0L
 (hereinafter called "the Assignors") of the one part; and

- (2) The North West London Hospitals NHS Trust of Northwick Park Hospital, of Watford Road, Harrow, Middlesex, HA1 3UJ, United Kingdom (hereinafter called "the Assignee") of the other part.

WHEREAS:-

- (A) The Assignors are the beneficial owners of the United States of America Patent Application No. 09/933,548 (hereinafter referred to as "the Application").
- (B) The parties hereto have agreed that the Assignors' rights in the Application should be transferred by the Assignors to the Assignee for the consideration hereinafter set forth.

NOW IT IS HEREBY AGREED

- 1 In consideration of the sum of £5 now paid by the Assignee to the Assignors (the receipt whereof is hereby acknowledged) the Assignors HEREBY ASSIGN with full title guarantee absolutely and free from any licences, charges or other encumbrances:-

- 1.1 all right, title and interest in and to the Application (including any and all divisions, reissues, continuations and extensions thereof) to the intent that a grant of any US patent thereon shall be in the name of and shall vest in the Assignee

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TOGETHER WITH all the rights and powers arising or accrued therefrom including the right to sue for damages and other remedies in respect of any infringement of such rights or other rights within the scope of the claims of any published specification accompanying the Application prior to the date hereof; and

- 2 The Assignors agree that at the request of the Assignee they will at all times hereafter do all such acts and execute all such documents (including the making of or deposing to any declaration or oath) as may reasonably be necessary or desirable to secure the vesting in the Assignee of all rights assigned to the Assignee hereunder, to secure registration of this Assignment at the US Patent and Trademark Office and to assist in the resolution of any question concerning the Application.

IN WITNESS of these matters this document has been executed by the parties on the date set out at the beginning of this Assignment

Signed by Christopher William Ogden

in the presence of:-

(Name) Lisa Grant

(Address) The Clementine
Churchill Hospital
Sudbury, Middlesex.

(Occupation) HA1 3RX.

Secretary

Signed by James Adshead

in the presence of:-

(Name) Nicola Williams

(Address) 175th HARRISON
HIGH STREET
NW10 4ST

(Occupation) Administrator

[Signature]

[Signature]
(SEC)

[Signature]

19 Queensdale
Road

[Signature]

8 Windsor Rd

New

Surrey TW9 2EL

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P: 7/7

Signed by Anna Maria Kessling

in the presence of:-

(Name) Dr David King

(Address) North West London Hospitals NHS Trust
Northwick Park Hospital
Watford Rd
Harrow HA1 3UJ

(Occupation) R&D Business Manager

Signed by Bijan Khoubehi

in the presence of:-

(Name) Dr David King

(Address) North West London Hospitals NHS Trust
Northwick Park Hospital
Watford Road
Harrow HA1 3UJ

(Occupation) R&D Business Manager

Signed by

duly authorised for and on behalf of:

The North West London Hospitals NHS
Trust of Northwick Park Hospital

in the presence of

(Name) ANDREW REID

(Address) NWLH NHS TRUST

(Occupation) SOLICITOR.

E. J. Chapman

Head of Clinical Risk + Legal Service

